out in a manner that reduces most posterior spinal pathology, the method comprising the following steps:

accessing the facing superior and inferior vertebrae through the posterior region of the patient;

performing a partial discectomy in order to gain access to the damaged fibrocartilage, the discectomy including removing the spinous process and the inferior articular process of the superior vertebrae and the superior articular process of the inferior vertebrae;

removing the damaged fibrocartilage to create an intervertebral space, the intervertebral space providing access to opposing vertebral surfaces of the superior and inferior vertebrae;

forming superior and inferior channels within the opposing vertebral surfaces, the superior and inferior channels being in facing relation to one another;

providing superior and inferior supports, each of the supports including a plate portion and a lip, with the lip of the inferior support being offset;

inserting the supports within the channels such that the lips of the supports contact the outer vertebral surfaces to thereby limit the insertion of the supports, the offset lip of the inferior support accommodating the pedical of the inferior vertebrae;

inserting a cushioning member in between the superior and inferior supports, the cushioning member functioning to replace the fibrocartilage and absorb forces applied to the intervertebral space.

12. (new) The method as described in claim 11 wherein the cushioning member is a coil spring.

13. (new) The method as described in claim 11 wherein the cushioning member is a dampening matrix comprising a hydrogel core positioned within a constraining jacket.

14. (new) The method as described in claim 11 wherein the cushioning member includes two rounded inserts that are interconnected by a screw.

15. (new) A surgical method for replacing damaged fibrocartilage between facing superior and inferior vertebrae, the method being carried out in a manner that reduces most posterior spinal pathology, the method comprising the following steps:

accessing the facing superior and inferior vertebrae through a posterior region of a patient;

removing the damaged fibrocartilage to create an intervertebral space;

providing superior and inferior supports, each of the supports including a plate portion;

inserting the superior and inferior supports into the intervertebral space;

positioning a cushioning member in between the superior and inferior supports, the cushioning member functioning to replace the fibrocartilage and absorb forces applied to the intervertebral space.

16. (new) The method as described in claim 15 wherein access to the damaged fibrocartilage is gain by performing a partial discectomy.

17. (new) The method as described in claim 15 wherein channels are formed within the intervertebral space prior to inserting the supports.

18. (new) The method as described in claim 15 wherein the superior and inferior supports include lip portions that limit the insertion of the supports into the intervertebral space.

19. (new) The method as described in claim 18 wherein the lip portion of the inferior support is offset.

20. (new) A surgical method for repairing a vertebral disc comprising:

posteriorly accessing the damaged vertebral disc;